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APPLICANTS Cherek Bulkes, Sussex, WI; Cynthia F. Maier, Wauwatosa, WI; LeRoy R. Blawat, Milwaukee, WI; Bernice E. Hoppel, Delafield, WI; John Lorbiecki, Hubertus, WI; Ed B. Boskamp, Menomonee Falls, WI; Adrian J. Knowles, Brookfield, WI;				
** CONTINUING DATA ***** (NONE) <i>PS</i>				
** FOREIGN APPLICATIONS ***** (NONE) <i>PS</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/21/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Porter</i> Acknowledged <i>PS</i> Examiner's Signature Initials		STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 20
		INDEPENDENT CLAIMS 3		
ADDRESS 26946				
TITLE Method and apparatus for improved breast imaging				
FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	